

Sub-Strategy Detail  
HIV/STD PREVENTION, SURVEILLANCE & SERVICES

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:
501	Texas Department of Health		3	01-03-01

GOAL: 01  
 OBJECTIVE: 03  
 STRATEGY: 01 Sexually Transmitted Diseases (HIV)  
 SUB-STRATEGY: 02 HIV/STD Prevention, Surveillance & Services

	EXPENDED FY 2000	EXPENDED FY 2001	BUDGETED FY 2002
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OBJECTS OF EXPENSE:

1001 Salaries and Wages	6,830,437	7,603,080	7,993,331
1002 Other Personnel Costs	371,522	674,953	878,010
1502 Capital - Other Personnel Costs	0	0	413,322
2000 Operating Costs	1,432,254	2,362,284	0
3000 Client Services	27,394	35,411	983,998
4000 Grants	34,508,610	42,575,289	43,662,404
5000 Capital Expenditures	52,012	236,751	782,165
TOTAL, OBJECTS OF EXPENSE	43,222,229	53,487,768	54,713,230

METHOD OF FINANCING:

001 General Revenue	2,278,616	168,111	135,667
8005 GR for HIV Services	10,949,695	14,483,826	16,251,437
Subtotal, General Revenue Fund	13,228,311	14,651,937	16,387,104

555 Federal Funds:

CFDA #14.241, Housing Opportunities for Persons	2,262,081	2,695,847	2,173,377
CFDA #93.116, Project Grants and Cooperative	15,086	11,698	0
CFDA #93.118.002, Surveillance of Pediatric AIDS	339,596	336,440	323,087
CFDA #93.235, Abstinence Education	346	0	0
CFDA #93.283.001, Chronic Disease Prevention	442	600	0
CFDA #93.917, HIV Care Formula Grants	11,912,067	17,791,220	18,662,251
CFDA #93.940, HIV Prevention Activities	10,170,968	11,488,004	11,079,996
CFDA #93.940.001, HIV Prevention Evaluation	19,585	0	0
CFDA #93.941, Strengthening HIV/AIDS & STD	91,019	257,665	195,287
CFDA #93.944, Human Immunodeficiency Virus	1,857,063	2,028,507	1,995,011
CFDA #93.977, Preventive Health Services - Sexually	2,817,684	3,777,403	3,595,931
CFDA #93.977.001	0	26,517	0
CFDA #93.977.002	(20,316)	57,713	0
CFDA #93.978, Preventive Health Services - Sexually	505,942	353,343	301,186
CFDA #93.991, Preventive Health and Health Services	300	562	0
CFDA #93.994, Maternal and Child Health Services	0	9,705	0
Subtotal, Federal Funds	29,971,863	38,835,224	38,326,126

666 Appropriated Receipts	1,139	0	0
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		EXPENDED	EXPENDED	BUDGETED
CODE	DESCRIPTION	FY 2000	FY 2001	FY 2002
	777 Interagency Contracts	600	600	0
	TOTAL, METHOD OF FINANCING	43,201,913	53,487,761	54,713,230
	FULL-TIME EQUIVALENT POSITIONS	190.2	202.3	206.1

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CODE	DESCRIPTION	FY 2000	FY 2001	FY 2002

Sub-strategy Description and Justification:

Chapters 81 and 85 of the Health and Safety Code direct the TDH to provide leadership, guidance, funding, and information about funding opportunities regarding sexually transmitted diseases (STDs) and HIV infection to public and private organizations. This provides the department with the authority to establish and administer HIV/STD prevention and service programs. These statutes also authorize the TDH to establish and administer programs designed to educate the public about HIV/STD disease prevention.

Texas ranks fourth in the nation in the cumulative number of AIDS cases and shares a significant portion of the national STD epidemic. The efforts within the Bureau should decrease the incidence of targeted STDs and HIV. In addition, a synergistic benefit exists between the prevention and prophylactic treatment of STDs and the prevention of HIV infection. Physical and mental health services enable HIV-infected persons to remain healthier and independent, extending the time they can care for themselves and others without support. HIV services reduce the need for expensive hospitalizations and more costly treatments by providing preventative services and less costly out-patient and home-based care. Since many HIV/AIDS clients are economically devastated by the disease, many must rely on publicly funded care. By providing cost-effective HIV services, the programs operated by the TDH are benefiting all Texas residents by reducing taxpayer-supported health care costs. Through this strategy, the TDH can have a great impact on thousands of Texans by preventing the transmission of HIV and other STDs.

The Bureau of HIV and STD Prevention establishes, administers and/or supports programs providing the following services to populations at risk for HIV infection and individuals who are HIV infected: outreach educational services tailored to specific at-risk populations; prevention counseling; testing; partner elicitation, notification and referral; and clinical, case management, and social services. Clinical, case management, and social/mental health services include, but are not limited to: ambulatory/outpatient medical care; case management services; dental care; medications; mental health therapy; support services, such as housing assistance, food bank, and transportation; hospice care; insurance assistance; nutrition services; home health care; and substance abuse treatment and counseling. The Bureau also provides the following services to prevent and control the spread of other STDs: screening (in collaboration with the Bureau of Laboratories), and treatment for N. gonorrhea, Chlamydia trachomatis, and syphilis; case-finding and referral services; partner elicitation, notification and referral; physician consultation and confirmation of treatment; and HIV/STD prevention counseling. The TDH provides some of these services directly but more often through contracts with local agencies to provide community-based services when appropriate.

Disease surveillance, data gathering, and epidemiological analysis support all HIV/STD activities by providing information to describe and define at-risk populations, i.e., those with the highest incidence of disease. This information is then used to determine appropriate targets for prevention and control activities and to ensure that those persons most in need of our programs have access to them. This information also allows us to demonstrate the need for resources from federal and state agencies and supports cost effective management of programs.

In 1999, the federal government, through the Centers for Disease Control and Prevention, has declared a national effort to eliminate syphilis. This disease is most prevalent in the South, and Texas morbidity contributes significantly to national disease levels. The National Black Caucus and other groups have focused on this disease in part because of its disproportionate impact among African-American populations. The Bureau's HIV/STD activities are a critical component of any effort to eliminate syphilis morbidity in our state and nationally.

External/Internal Factors Impacting Sub-strategy:

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Through primary and secondary prevention activities (education/counseling, early detection and treatment, partner notification and referral), HIV/STD disease levels are reduced. Social and medical services, including provision of medications, ensure that the percentage of AIDS cases living two years or longer from date of diagnosis is increased.

The rapidly changing knowledge about HIV and other STDs in recent years has had a great impact on the ability in recent years of programs to prevent these diseases. The advent of new treatments, particularly for HIV, has been very welcome but has presented new challenges in addressing the needs of the at-risk and affected populations. These diseases are increasingly affecting adolescents and women, particularly in minority communities. Economic and cultural barriers, as well as youth, drug abuse, homelessness, and denial of risk among these populations, create obstacles in providing prevention services. Prevention strategies have been successful in effecting changes in behavior by promoting reductions in risk behavior. However, high risk behavior in certain groups of at-risk individuals has increased recently because of the mistaken belief that the success of new HIV medications has brought a "cure." This behavior must be addressed to prevent an escalation of the epidemic. Denial of risk combined with the absence of effective prevention strategies in certain populations has fueled the spread of HIV/STD in many areas of the state, requiring targeted outreach efforts to these populations.

Many individuals infected with HIV/STD do not access private health care systems because of fear of discrimination, possible loss of insurance benefits, or because they have no insurance or other resources to pay for health care. Restricted access causes individuals to wait until disease has progressed to a severe stage before seeking treatment. HIV/STD clinical, case management, and social service programs provide needed services for individuals infected with these diseases that can improve the quality and the length of their lives.